STATEMENT OF

FORM 1	ORGANIZATIO (See instructions)	ON	Office use only
NAME OF COMMITTEE (in	(Check if name Ex iull) is changed) over	cample: If typying, type er the lines	12FE4M5
SANDLER TRA	VIS AND ROSENBERG P.A. POLITICA	L ACTION COMMITTE	<u> </u>
ADDRESS (number and	5200 Blue Lagoon Drive		
(Check if address is changed)	Suite 600		
	Miami		FL 33026
	CITY	•	STATE▲ ZIP CODE ▲
COMMITTEE'S E-MA (Check if address is changed)	L ADDRESS (Please provide only one e-mail add	dress)	
COMMITTEE'S WEB	PAGE ADDRESS (URL)		
(Check if address is changed)	www.strtrade.com		
2. DATE 0.3	/ D D / Y Y Y Y Y Y 111		
3. FEC IDENTIFICA	TION NUMBER C CC	00409250	
4. IS THIS STATEM	ENT NEW (N) OR	X AMENDED (A)	
I certify that I have exami	ned this Statement and to the best of my knowledge	and belief it is true, correct and	d complete
Type or Print Name of	Treasurer Carmen A Caldas		
Signature of Treasurer	Electronically Filed by Carmen A Calda	as I	Date 04 / 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NOTE: Submission of fa	se, erroneous, or incomplete information may subjec		•
Office Use Only		For further information of Federal Election Commissi Toll Free 800-424-9530	